

Commonwealth of Virginia



Application for Summer Camp Permit

Application for a: ☐ New Establishment ☐ Renewal ☐ Name Change ☐ Change of Owner

Type: ☐ Permanent (Dates of operation) _____
☐ Temporary (2 weeks or less; Dates of operation) _____

(Check all that apply) ☐ Fixed Structures ☐ Recreational Vehicles ☐ Primitive Camping

Name of Establishment (or Operator): _____

Telephone: _____ **Fax:** _____ **Email:** _____

Mailing address: _____ **Physical location:** _____

Establishment owner is a/an: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other

Association, Corporation, Partnership name: _____

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary): _____

Billing Address: _____

Local registered agent (if required):

Name _____

Title _____

Address _____

Telephone _____

Person directly responsible for the establishment:

Name _____

Title _____

Address _____

Telephone _____

Number of campsites: _____ **Number of restroom/lavatory facilities:** _____

Are bathing facilities provided? ☐ Yes (number of facilities) _____ ☐ No

Are water and sewer hookups provided? ☐ Yes (number of facilities) _____ ☐ No

For Permanent Operations

Water Supply: ☐ Public – Name _____ ☐ Private – Type _____

Sewage Disposal: ☐ Public – Name _____ ☐ Private – Type _____

For Temporary Operations

Provide a site drawing indicating the location of all campsites, water supply connections, sewage disposal, trash containers, and restroom/bathing facilities.

Water Supply: ☐ Public – Name _____ ☐ Private – Type _____

If private, date of last water sample: _____ (please provide a copy of the lab report)

Describe how water will be supplied: _____

(Note: The water supply shall be protected with an appropriate Backflow Prevention Device. Fire hydrants shall be equipped with an approved *Reduced Pressure Zone (RPZ)* device. All hose connections shall be equipped with a *Hose Connection Vacuum Breaker* device.)

Sewage Disposal:

Describe how liquid wastes will be stored and disposed of (open-air containers are prohibited):

Name of “pump and haul” contractor (please provide a copy of your service contract):

How often will be liquid wastes be pumped? _____

Trash Disposal:

Describe how refuse will be stored and disposed of (open-air containers are prohibited):

In addition to state requirements, applicants are responsible for complying with all local ordinances, including plumbing, building, electrical and zoning ordinances in the construction, maintenance and operation of all campgrounds.

I/we attest to the accuracy of the information provided, affirm to comply with the Campground Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: _____

Title: _____

Print Name: _____

Date: _____

For Official Use

Approved for Permit _____

Environmental Health Spec. _____

Date Signed: _____

Environmental Health Spec. _____

Temporary Campground Checklist

- ☐ Application submitted to Health Department at least 30 days in advance.
 - Permit Fee = \$40; Plan Review Fee = \$40 (Total = \$80)
 - Site drawing indicating location of all campsites, water supply connections, sewage disposal, trash containers, and restroom/bathing facilities submitted. Plans shall be drawn to scale.
- ☐ Waste water stored and disposed of properly
 - Waste water holding tanks enclosed and spill-proof
 - Copy of “pump and haul” service contract submitted to Health Department
- ☐ Backflow prevention devices provided at all water supply connections
 - “Reduced Pressure Zone (RPZ)” device for fire hydrant connections
 - “Hose Connection Vacuum Breaker” device for all hose connections
- ☐ Water quality testing (total and fecal coliform analyses) performed within last 30 days (for private water supplies only)
 - Copy of lab report submitted to Health Department
- ☐ Trash stored and disposed of properly
 - Trash containers enclosed and spill-proof
- ☐ Toilets and lavatories provided

Number of Campsites	Toilets		Lavatories	
	Male	Female	Male	Female
0-15	1	1	1	1
16-30	2	2	2	2
31-45	2	3	3	3
46-60	3	4	3	3
61-75	4	5	4	4
76-90	4	6	4	4
91-105	5	7	4	4
106-120	6	8	5	5
121-135	6	9	5	5
136-150	7	10	5	5